

**APPLICATION FOR ALARM DEVICE
TOWNSHIP OF WINSLOW
125 SOUTH ROUTE 73, BRADDOCK, NJ 08037-9422
NEW + RENEWALS TO COMPLETE ENTIRE FORM!**

- (1) OWNERS NAME:_____ TELEPHONE NO:_____
- (2) ADDRESS:_____Email_____
- (3) ADDRESS OF ALARM DEVICE:_____
- (4) BLOCK:_____ LOT:_____ OF ALARM SERVICE
- (5) ALARM MONITORING COMPANY_____ TEL#_____
- (6) ALARM COMPANY ADDRESS _____ ZIP:_____
- (7) TYPE OF ALARM DEVICE: **CHECK ONE**
- () DIAL / ACTUATOR ALARMS (ALARM COMPANY CALLS POLICE / FIRE DISPATCH)
- () LOCAL ALARM (AUDIBLE ALARM ONLY – NO MONITORING)
- () HARD WIRE CONNECTION TO MONITOR/COMMAND*

*CONNECTION PHONE NUMBER MUST BE ASSIGNED BY POLICE DEPT.

- (8) PLEASE **CHECK ALL THAT APPLY** COLUMN:
THIS ALARM WILL FACILITATE THE FOLLOWING:
- | | |
|-------------------------|----------------|
| () COMMERCIAL BUSINESS | () BURGLAR |
| () RESIDENCE | () HOLD UP |
| () INSTITUTION | () FIRE |
| () OTHER | () OTHER_____ |
- (9) LIST IN PREFERENTIAL ORDER THE NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP (FRIEND, INLAW, BROTHER, ECT) OF INDIVIDUALS TO BE CONTACTED TO PROVIDE NECESSARY ATTENTION TO THE ALARM DEVICE. THESE INDIVIDUALS SHOULD HAVE ACCESS TO YOUR HOME!
- (9A) Name_____ Address _____ Relation_____
- HOME ()_____ CELL ()_____ OTHER ()_____
- (9B) Name_____ Address _____ Relation_____
- HOME ()_____ CELL ()_____ OTHER ()_____
- (9C) Name_____ Address _____ Relation_____
- HOME ()_____ CELL ()_____ OTHER ()_____
- (10) ANY SPECIAL INSTRUCTIONS / HAZARDOUS CONDITIONS FOR AUTHORITIES RESPONDING TO ALARM. EXAMPLES: ANIMALS ON SITE, HANDICAPPED PERSON, ECT.

CERTIFICATION

- (11) I UNDERSTAND AND AGREE THAT THE TOWNSHIP IS RENDERING ME A PRIVILEGED SERVICE THROUGH THE MEDIUM OF THE POLICE DISPATCH FACILITY, AND AGREE TO HOLD IT COMPLETELY HARMLESS AND WITHOUT LIABILITY TO ANY RESULT ARISING FROM AN INCIDENT OR EVENT RELATED DIRECTLY OR INDIRECTLY TO THE MONITORING FACILITY. I UNDERSTAND AND AGREE THAT IF I DON NOT REGISTER AND RENEW THE ALARM, AND TO POLICE ARE CALLED FOR A FALSE ALARM, I WILL BE SUBJECT TO A FINE.

APPLICANTS SIGNATURE

(THIS SECTION FOR OFFICIAL USE)

DATE:_____

APPLICATION RECEIVED BY:

APPLICATION CONSIDERED COMPLETE:

COMMENTS:

BY: _____
MUNICIPIAL CLERKS REPRESENTATIVE

CONCURRENCE: _____
CHIEF OF POLICE